

# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748 www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

# COMMISSION ON HIV MEETING MINUTES August 12, 2010



MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, Co-Chair	Jennifer Sayles	Herman Avilez	Kyle Baker
Anthony Braswell, Co-Chair	Stephen Simon	Robert Beller	Carlos Vega-Matos
Sergio Aviña	Robert Sotomayor	D. Brown	Juhua Wu
Al Ballesteros	Tonya Washington-Hendricks	Miguel Fernandez	Dave Young
Robert Butler	Kathy Watt	Susan Forrest	
Nettie DeAugustine	Fariba Younai	Aaron Fox	
Whitney Engeran-Cordova		Joanna Gamboa	COMMISSION
David Giugni		Shawn Griffin	STAFF/CONSULTANTS
Jeffrey Goodman	AAFAADEDS A DSFAIT	Tina Henderson	Erinn Cortez
Thelma James	MEMBERS ABSENT	Miki Jackson	Dawn McClendon
Lee Kochems	Carrie Broadus	David Kelly	Jane Nachazel
Bradley Land	Fredy Ceja	Ayanna Kiburi ( <i>by phone</i> )	Glenda Pinney
Ted Liso	James Chud	Brad Leathers	James Stewart
Anna Long	Douglas Frye	Brian Lew (by phone)	Craig Vincent-Jones
Abad Lopez	Michael Johnson	Karen Mall	Nicole Werner
Quentin O'Brien	Juan Rivera	Ingrid Marchus	
Jenny O'Malley		Michelle Roland (by phone)	
Dean Page/Terry Goddard		Jill Somers (by phone)	
Angélica Palmeros		Brigitte Tweddell	
Mario Pérez		Sharon White	
Karen Peterson		Jason Wise	

- 1. CALL TO ORDER: Mr. Braswell called the meeting to order at 9:10 am.
  - **A.** Roll Call (Present): Ballesteros, Braswell, Engeran-Cordova, Giugni, Goodman, James, Kochems, Liso, Long, Lopez, O'Malley, Page/Goddard, Peterson, Sayles, Simon, Washington-Hendricks, Watt, Younai

## 2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order, as presented (Passed by Consensus).

#### 3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the minutes from the 7/8/2010 Commission on HIV meeting (Passed by Consensus).

#### 4. CONSENT CALENDAR:

MOTION 3: Approve the Consent Calendar with Motions 4 and 6 pulled for later consideration (Passed by Consensus).

5. PARLIAMENTARY TRAINING: There was no report.

#### 6. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Leathers has returned to Rainbow Bridge Community Services as Executive Director. The agency provides residential and transitional chemical dependency treatment for those living with or at risk for HIV/AIDS.
- Ms. Henderson, JWCH Institute, said they are one of 11 sites participating in a 5-year SPNS project and the only California site. The project links homeless HIV+ women of color back into medical care using three community health workers. The project evaluates participant characteristics and reasons for falling out of care over 18 months. The study is entering its second year. There are both English- and Spanish-language support groups available. For information contact www.ladiesofdiversity.com.
- 7. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.
- 8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.
- 9. EXECUTIVE DIRECTOR'S REPORT: There was no report.

#### 10. CO-CHAIRS' REPORT:

#### A. Annual Meeting:

- Mr. Braswell said the all-day Annual Meeting will be at the Wilshire Hotel, 10/14/2010, instead of the monthly meeting.
- He indicated that all committees have assignments for the meeting, so co-chairs should review the memorandum in the packet. The morning will review key Commission functions of the Comprehensive Care Plan and include Committee Handbooks/Orientation. The afternoon will address key Commission initiatives of Unmet Need, Testing and Linkage to Care (TLC) and Integrating Health Care Reform.

#### B. Commission FY 2010 Work Plan:

- Mr. Braswell introduced the Plan for Commission work through 2/28/2010. Each committee opens with a section on general operations followed by committee-specific work. The Plan includes: status and indicator(s) measures; outcoes and population impact. Committee co-chairs reviewed their sections' highlights:
- <u>Executive</u>: Mr. Braswell noted the Committee is composed of all committee co-chairs plus three At-Large members. It has existing or planned subcommittees on the Memorandum of Understanding (MOU), Succession Planning and Strategic Planning. Key functions are: Organizational Planning and Coordination such as the Work Plan, Succession Planning and the MOU; Organizational Management such as Budgeting; Ryan White Part A Grant Conditions of Award and sections of the application; Multi-Committee Collaboration; and Stakeholder Relations.
- <u>Joint Public Policy (JPP)</u>: Mr. Engeran-Cordova noted subcommittees/work groups existing/planned for Ryan White Reauthorization, Corrections, Health Care/Medicaid Reform, Comprehensive Sex Education Services for Undocumented and Legal Residents, and Budget Strategy. It addresses policy on Federal, State and Local; Budgeting issues; Benefits such as Medi-Cal (Medicaid); Regulatory issues such as Title XXII Housing; prevention such as CDC Recommendation for HIV Testing in Non-Clinical Settings; HIV Surveillance; Health Care Reform; initiatives such as HIV/STD Control in the Adult Film Industry. It develops a Public Policy Docket through community collaborations.
- Priorities and Planning (P&P): Mr. Goodman reported that subcommittees and work groups on Comprehensive Care Plan, Geographic Estimate of Need (GEN), Minority AIDS Initiative (MAI), Unmet Need, Adversity Sectors and Funding Thresholds. P&P has initiated the FY 2010 Los Angeles Countywide HIV Needs Assessment (LACHNA) with the HIV Epidemiology Program and is ready to start planning for the revised Comprehensive Care Plan, due to HRSA January 2012 and, in October/November, the FY 2012 Priority-and Allocation-Setting Process. P&P does service delivery analysis to deepen the understanding of specific service categories including, currently, studies on Nutrition Support and Hospice. Program/Planning Briefs educate the community on this work. P&P also engages in resource, financial, data and population planning and analysis.

- <u>Standards of Care (SOC)</u>: Dr. Younai indicated that existing/planned subcommittees/work groups on Effectiveness and Testing and Linkage to Care (TLC). Key functions are: ongoing Continuum of Care (COC) subjects such as integrating prevention, Medical Care Coordination (MCC) implementation and dissemination; development and dissemination of Standards of Care and Special Population Guidelines; Evaluation of Service Effectiveness (ESE); quality management review; the grievance process; and research and evaluation, including publications.
- Operations: Mr. Vincent-Jones reported that Operations has established Procurement Reform and Training Subcommittees and organizational affiliations with the Consumer Caucus and Latino Task Force. Key functions are: Ordinance and By-laws due for 2011 revision; membership Information such as Duty Statements; member recruitment, including the Open Nominations Process with revision to new/renewing applications to better identify individual/aggregate skills/training needs, individual/aggregate membership evaluation/assessment; the Comprehensive Training Program; topical and comprehensive Assessments of the Administrative Mechanism (AAM); parliamentary services; policies and procedures; public awareness activities; and the development of alternate operational resources.
- Mr. Land asked if consumers are equitably represented when non-Commissioners join committees. Mr. Vincent-Jones responded that the Commission Co-Chairs are sensitive to diverse representation as they are making committee assignments. Ms. DeAugustine, Operations Co-Chair, supported maintaining an equitable diversity, but said a strict percentage was not feasible due to recruitment challenges.
- Mr. Ballesteros questioned if there was sufficient staffing to maintain the plan. Mr. Vincent-Jones said past Plans have not been fully integrated into committee work. Committees will review/refine their plans monthly as work proceeds then staff will incorporate updates. Identifying goals enhances tracking/management and keeps work moving forward, although it is understood that as circumstances change, possibly not every task will be accomplished.
- Mr. Butler recommended deleting the JPP item on HIV/STD Control in the Adult Film Industry. Mr. Engeran-Cordova
  noted legislation has not yet been passed and review of regulatory and implementation issues continues until it is, per
  an earlier Commission vote and Board of Supervisors directive.
- Committees will provide Plan progress reports to the Executive Committee quarterly.

## 11. STATE OFFICE OF AIDS (OA) REPORT:

- OA representatives attending by conference call were: Ayanna Kiburi, Chief, HIV Care Branch: Brian Lew, Chief, Prevention Branch; Michelle Roland, Chief, OA; and Jill Somers, Chief, ADAP Branch.
- There is no new information on the budget. Friday furloughs are being reinstituted, but the start date had not been announced.
- OA has launched a service referral system developed with the CDC and the National Prevention Information Network. The OA micro-site offers information on prevention, care, support services and testing by zip code with a radius of 5 to 25 miles. There is a companion phone line (800.367.2437) with live services on weekdays, 9:00 am to 5: 00 pm. Providers can update information by emailing the National Prevention Information Network. OA requests provider feedback on the update process.
- OA has also added a supplemental services page on their website to collect non-standard provider services such as acute HIV services, PEP and benefits counseling. OA also requests provider feedback on and updates for this new section.
- An Electronic Community Advisory Network (ECAN) is in final development and will be posted on the OA website. Invitations to join will be disseminated to the OA stakeholder list of about 1,200. The invitation includes an option to forward it to others to encourage the widest possible dissemination. Members can receive OA email updates which replace the current emails. Members can also choose to respond to surveys/questions, initiate/participate in group discussions, and make requests/recommendations about the process or any other subject. Ms. Kiburi will respond to requests/ recommendations and forward them and responses to the California Planning Group (CPG) at least quarterly. ECAN will go live in about a week.
- OA and the Administration are reviewing options to expand premium payment coverage in the CARE/HIPP program and in conjunction with the new Health Care Reform-related high risk pool. OA planned on discussing progress with The Alliance the following week.
- Ms. Kiburi noted a CDC Health Care Reform-related grant opportunity for the last three months of 2010 on surveillance of HIV laboratory testing, CD4 and HIV viral loads. OA plans to apply and is working with local surveillance programs.
- Dr. Roland presented a webinar for the CPG on the National HIV/AIDS Strategy (NHAS). It is being posted on the OA
  website. This is one of a series of presentations highlighting OA's alignment and work to enhance alignment with NHAS.

#### A. Allocation of Test Kits:

- Mr. Lew said OA allocated FY 2010-2011 rapid test kits with the same allocation method and formula used to allocate general prevention funds to the 17 funded local health jurisdictions. The method is based on epidemiological data then weighted to consider total CDC prevention funds received by Los Angeles (\$12.6 million), San Francisco (\$8.8 million) and OA for the State (\$13.3 million). OA allocated \$750,000 for test kits. OA previously budgeted \$1 million and often spent more, but 80% of the previous OA prevention and testing budget has been cut.
- The Los Angeles allocation for test kits is about \$131,000. Concurrent with that allocation, the 17 funded jurisdictions were advised of supplemental funds. The Los Angeles share of these is \$26,400 re-allocated to date from jurisdictions unable to utilize it and \$210,415 in one-time general prevention funds from salary savings and furloughs, which may be used for test kits. OA has since obtained test kit resources from the manufacturer for providing data. The Los Angeles share is \$26,415.
- Totals for Los Angeles County are \$183,815 in test kit specific funds and \$210,415 in general prevention funds for a total of \$394,230 above the Los Angeles base prevention allocation. Los Angeles used the equivalent of \$370,430 in rapid test kits in FY 2009-2010. The one-time general prevention funds cannot be assured in future, so planning for future reductions is needed.
- Mr. Lew apologized for not having all information available much earlier and the impact of that delay on planning. OA is working to improve project management tools and processes so notification will be prompt in future.
- Dr. Roland emphasized that only 17 jurisdictions received testing funds and funds were redistributed if it was judged capacity was insufficient. She asserted the CDC, the California Conference of Local AIDS Directors (CCLAD) and the California HIV Planning Group (CHPG) were notified of the methodology first developed for the prevention allocation.
- Many spoke in opposition to the allocation methodology noting that it compromises the highest burden jurisdiction.
- Mr. Pérez said this was inconsistent with CDC guidelines and National HIV/AIDS Strategy. The CDC has specifically said Federal funds are not to supplant state funds. He noted this is just one in a series of cuts to prevention, testing and surveillance, such as \$1.1 million to Part B and \$500,000 to surveillance.
- Ms. Watt spoke with numerous CDC people and reported from her conversations that none were aware of conversations about Dr. Roland's position nor supported it. She also reviewed CHPG minutes. They did not mention it either. OA did a survey on Survey Monkey about allocations. Dr. Roland replied the then CHPG was not meeting at the time, but OA solicited feedback in ways available to it.
- Ms. DeAugustine indicated that OA had informed CCLAD of the methodology and formula. She said some members commented on various issues, but there was no endorsement. Ms. DeAugustine said OA also worked with CCLAD's Executive Committee, which provided a letter "carefully worded not to be an endorsement."
- □ Dr. Roland will review her records regarding with whom she spoke at the CDC and will disseminate a list of the contacts/conversations. She suggested a conference call with herself, Mr. Lew, the OA CDC contact, Mr. Pérez and OAPP's CDC contact, and possibly Commission representation.
- ➡ Mr. Engeran-Cordova referred review of case reporting law in coordination with Douglas Frye, Director, HIV Epidemiology Program to the Joint Public Policy Committee to best ensure funds follow case reports.
- Ms. Kiburi will request Mr. Lew send a written summation of prevention/testing funding changes to Mr. Vincent-Jones.

#### 12. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez reported the last CDC directly funded award competition funded 21 agencies, with 12 from LA County.
- Dr. Sayles, Medical Director, said LA County received approval for two proposals submitted this spring. OAPP, in partnership with LAC+USC, was funded by the California HIV Research Program (CHRP) on patient-centered medical homes. OAPP, UCLA, HIV Epi and the Sheriff's Department were funded for a National Institute of Drug Abuse (NIDA) 5-year award on seek/test/treat in incarcerated settings, which will be used to develop linkages to care on release from jail.

## A. National HIV/AIDS Strategy:

- Mr. Pérez provided a PowerPoint overview of the National HIV/AIDS Strategy and Implementation Plan.
- There are about 56,000 new infections per year, with one in five unaware of their status. 75% of infections are among men, but women of color are hard hit with African-American women testing 19 times that of White women. 25% of new infections nationally are 13-29, although the highest County group is currently 20-39 with another 15% aged 50 or older.
- The vision is to ensure infections are rare with good treatment available when they occur. Goals by 2015 are to reduce new infections, increase access and outcomes, and to reduce disparities. Each goal has a plan, steps to achieve it and outcomes.

- There is an emphasis on developing a clear direction to move forward and coordination across governmental bodies.
- Reducing new infections focuses on high burden areas, targeted efforts and increased education for a 20% reduction.
- Improving access focuses on increased coordination, provider diversity and support for basic needs, such as housing for those with co-occurring problems (e.g., substance abuse) to increase linkages to care from 65% to 85%, Ryan White continuing care with two visits within 12 months from 73% to 80%, and Ryan White clients with permanent housing.
- The impact of the Affordable Care Act in improving access is referenced throughout, e.g., through high risk pools, Medicaid expansion and Federal tax credits for the uninsured. Ryan White is noted as continuing to play an important role
- Reducing disparities focuses on reducing mortality in high risk communities, the infection level in those communities and stigma, in order to improve the percent of undetectable viral loads among gay/bisexuals, African-Americans and Latinos
- He noted the documents emphasize the public health principle of allocating public funding consistent with the epidemic.
- The presentation will be posted to the OAPP and Commission websites. The last two slides provide information on other related documents to emphasize coordination such as PEPFAR, the President's National Drug Control Strategy, the Federal Strategic Plan to Prevent and End Homelessness, the Americans with Disabilities Act, the Fair Housing Act and the Rehabilitation Act.
- Mr. Butler raised the issue of HIV specialists. Mr. Pérez said the County does well within its Ryan White services. In the private sector, there are likely many people who may lack the level of specialty work the County expects. The documents do not address it, e.g., the American Academy of HIV Medicine or the HIV Medicine Association are not included. Dr. Sayles said in California Medi-Cal requires documentation of a critical number of HIV patients of 20 to 30.
- Mr. Pérez anticipated several years of advocacy concerning Health Care Reform to ensure an appropriate HIV response. Mr. Baker added conversations have begun, e.g., the Senate has directed HRSA to conduct a review and timeline of health care reform transition issues, the White House has begun internal discussions and the larger advocacy groups have begun sponsoring teleconferences.
- Mr. Engeran-Cordova appreciated the Strategy and Implementation Plan, but expressed concern at release when the existing system is collapsing, with the ADAP waiting list expanding, and eligibility rules tightening. Ohio has, for example, moved those with 500+ T-cells off the program. Some have reduced eligibility by lowering the Federal Poverty Level (FPL) eligibility.

## 14. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

## 15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported the PPC met on 8/5/2010. Its first action was to agree to send a letter to the CPG to inquire about its involvement and participation, if any, in the OA prevention allocation methodology and formula.
- Nominations for community co-chairs were opened. They will be open for 30 days.
- The new PPC structure was approved to go into effect in October. There are now three subcommittees. The participation and role of the PPC in the JPP remains under review.
- The regular monthly September meeting will be replaced by the Data Summit in coordination with OAPP. It will be 9/2/2010, 8:30 am to 4:30 pm, at the California Endowment.

## 16. BENEFITS REPORT:

#### A. California's Pre-existing Conditions Insurance Plan (PCIP):

- Mr. Goodman presented on new pre-existing coverage under Federal Health Care Reform until 2013 when such
  coverage will be universal. States can choose to run their own programs or have the Federal government run a
  program.
- California chose to run its own program, the Pre-existing Condition Insurance Plan (PCIP). Email <a href="PCIP@mrmib.ca.gov">PCIP@mrmib.ca.gov</a> for an application. They will be disseminated in August 2010 with coverage to begin as early as September 2010.
- He advised applying soon. Federal funds will provide \$761 million through 2013 to cover up to 45,000 people. It is estimated 420,000 to 790,000 are eligible and 4,000 have requested applications. Applicants must be: US Citizens, US Nationals or lawfully present individuals; have a pre-existing condition that meets Federal guidelines; and have not had health insurance or public health coverage for six months or more.

- Los Angeles County premiums are \$142 to \$999 depending on age. Those are better rates than the existing MRMIP high risk plan. MRMIP also has \$75,000 annual and \$750,000 lifetime caps, but does not require the person to be uninsured.
- The Commission and OAPP are exploring whether Ryan White funds can be used to help with co-payments.

#### 17. STANDING COMMITTEE REPORTS:

- A. Priorities & Planning (P&P) Committee: The next meeting will be 8/17/2010, 1:30 to 4:30 pm, in the Commission offices.
  - 1. FY 2011 P-and-A Setting Process:
    - a. **FY 2011 Directives**: The directives were in the packet for approval. They are:
      - 1. To OAPP: Expectation to ensure more providers with capacity/sensitivity to address PWH needs in skilled nursing/hospice facilities and will include/expand pool of providers in next residential RFP.
      - 2. To OAPP: Expectation to research best strategies to bring PWH/A into care and report back.
      - 3. To OAPP: Expectation to report to P&P Committee on Benefits Specialty data collection, including what benefits clients are seeking and receiving.
      - 4. To OAPP and SOC Committee: Guidance to strongly encourage exploration of seasonal intern impact on Mental Health, Psychotherapy services and report back to Commission.
      - 5. To SOC Committee: Recommendation to review/revise the Substance Abuse Treatment and Residential standards to align them with HRSA definitions, as appropriate.
      - To SOC Committee: Recommendation to assess service categories to determine if any should be eliminated or merged.
      - 7. To SOC Committee: Recommendation to review costs of services mandated by standards, feasibility of providing them with only Ryan White funds, especially in light of budget cuts, and effective use of other resources to supplement Ryan White.
      - 8. To JPP Committee: Recommendation to review Proposition 63 community planning process and consider any legal issues from restriction of Proposition 63 funds to new programs.
      - 9. To P&P Committee: Expectation to allocate to Outreach in the FY 2012 P-and-A and will examine the most important Outreach needs in preparation for that allocation.

MOTION 4: Approve the FY 2011 Directives, as presented (Passed by Consensus).

- 2. Hospice/Skilled Nursing Study: Notes from the first meeting and the Study outline were in the packet.
- 3. **Nutrition Support Study**: Work continues.

## B. Standards of Care (SOC) Committee:

- 1. Evaluation of Service Effectiveness (ESE):
  - Input from the July Commission meeting has been added to the current iteration, e.g., suggestions on additional ways to collect data and addition of a comment box.
  - There was also a presentation to the HIV Outpatient Provider (HMOP) Caucus. HMOP was offered the opportunity to provide additional comments until 9/1/2010, so public comment is being opened for all until then.
- 2. **Pol #9.6202: SOC Development/Oversight**: This policy was previously approved, but a section on dissemination has been added. It is open for public comment until 8/31/2010.

#### C. Joint Public Policy (JPP) Committee:

- 1. Federal Health Care Reform: There was no additional report.
- 2. State Budget 2010-2011: There has been no progress on the budget.
- D. Operations Committee: Ms. DeAugustine noted work continues on the training modules.
  - 1. Membership Nominations:
    - **MOTION 5**: Nominate Anthony Braswell to the District 3 representative seat, Robert Butler to the SPA 8 Consumer seat, Ted Liso to the District 3 Consumer Alternate seat, Jenny O'Malley to the SPA 3 Provider seat, and Karen Peterson to the SPA 1 Provider Seat, and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).
  - Pol #8.1301: Commission Representation: Mr. Goodman noted the deadline for comments was after the meeting date, so the Committee could not consider his comments. He requested extension of the public comment period.
     MOTION 6: Approve Policy #8.1301: Commission Representation, as presented (Withdrawn).

- 18. CONSUMER CAUCUS REPORT: The Caucus met after the Commission.
- 19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.
- 20. TASK FORCE REPORTS: Mr. Aviña reported the Latino Task Force is finalizing a semi-final draft on recommendations regarding Latinos and HIV in the County. The draft will go to local Latino experts for a two-week comment period. The draft will then be finalized and provided to the Commission and PPC Executive Committees.

#### 21. SPA/DISTRICT REPORTS:

- Ms. White, SPA 6, Chair, reported SPA 6 met 8/10/2010 at Watts Health Care. About 25 providers attend regularly. They have developed a Mental Health Task Force and are seeking assistance from someone in the HIV arena.
- Mr. Vincent-Jones said two "Meet the Grantee Roundtables" were planned for combined SPAs 6 and 8. One was held in Long Beach. The next will be for combined SPAs 4 and 5, and SPA 7. The final combined SPAs 6 and 8 will follow that.
- ⇒ Ms. White and Ms. Washington-Hendricks will help pick the site for the next combined SPAs 6 and 8 Roundtable.
- Mr. Pérez also agreed to speak on the National HIV/AIDS Strategy in the community. Ms. White requested a video that might be put on a DVD for those without computer access. Mr. Pérez will discuss dissemination options with her.
- **22**. **COMMISSION COMMENT**: Mr. Page urged all to step up to ensure the County gets the funding it needs. Mr. Simon added the City will work with the Commission and community to express its disagreement with OA's allocation plan for HIV testing kits.
- 23. ANNOUNCEMENTS: Mr. Engeran-Cordova announced AIDS Healthcare Foundation (AHF) is hosting a reception 8/19/2010, 4:00 to 7:00 pm, at the AHF, 6660 Santa Monica Boulevard, in celebration of the Test America campaign across 48 states. There will be a photo exhibit, cuisine from around the country, and celebration of heroes discovered along the way. All are invited.
- **24**. **ADJOURNMENT**: Mr. Braswell adjourned the meeting at 12:50 pm in memory of David Early, an alumna of Van Ness Recovery House, and Rick Dillard, St. Louis, MO, who passed away 8/9/2010.
  - A. Roll Call (Present): Aviña, Bailey, Ballesteros, Braswell, Butler, DeAugustine, Engeran-Cordova, Giugni, Goodman, James, Kochems, Land, Liso, Long, Lopez, O'Brien, O'Malley, Page/Goddard, Pérez, Peterson, Simon, Sotomayor, Washington-Hendricks, Watt, Younai

MOTION AND VOTING SUMMARY				
MOTION 1: Approve the Agenda Order.	Passed by Consensus	MOTION PASSED		
<b>MOTION 2</b> : Approve the minutes from the 7/8/2010 Commission on HIV meeting.	Passed by Consensus	MOTION PASSED		
MOTION 3: Approve the Consent Calendar with Motions 4 and 6 pulled for later consideration.	Passed by Consensus	MOTION PASSED		
<b>MOTION 4</b> : Approve the FY 2011 Directives, as presented.	Passed by Consensus	MOTION PASSED		
MOTION 5: Nominate Anthony Braswell to the District 3 representative seat, Robert Butler to the SPA 8 Consumer seat, Ted Liso to the District 3 Consumer Alternate seat, Jenny O'Malley to the SPA 3 Provider seat, and Karen Peterson to the SPA 1 Provider Seat, and forward to the Board of Supervisors for appointment.	Passed as part of the Consent Calendar	MOTION PASSED		
MOTION 6: Approve Policy #8.1301: Commission Representation, as presented.	Withdrawn	Motion Withdrawn		